

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
United States of America

COURT CASE NUMBER
16-01077

DEFENDANT
Heather N. Stover

TYPE OF PROCESS
Sale

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
500 South Hight Street, Port Matilda, PA. 16870

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
KML Law Group, P.C. 701 Market Suite 5000 Philadelphia, PA 19106	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Minimum Bid: \$46,000.00

Sale: September 20, 2017 at 11:00 a.m.
17837

Centre County Courthouse - Allegheny & High Sts, Bellefonte PA

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	215-627-1322	9/18/17

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 67	No. 67	<i>David Lykens, DFC</i>	<i>9/18/2017</i>

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date	Time
	<i>9-20-17</i>	<i>11:00</i>
Signature of U.S. Marshal or Deputy		<i>TB/18/2017</i>

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
<i>\$195</i>	<i>\$15.64</i>	<i>—</i>	<i>\$210.64</i>	<i>—</i>	<i>\$210.64</i>

REMARKS: 1 day in 3 hrs. 92 miles Round trip.
winning Bid: David Lykens 814-280-0207 \$46,000.00
705 W. PLANK RD PORT MATILDA, PA 16870

DISCLAIMER

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED
FILED
HARRISBURG, PA

SEP 21 2017

Form USM-285
Rev. 11/13